

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION ☒ UNCLASSIFIED

Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Department for Children and Families		9. Position No. K0059876	10. Budget Program Number 29115		Agency Number	
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position) Accounting Specialist				
3. Division East Region		12. Proposed Class Title				
4. Section Operations	For Use By Personnel Office	13. Allocation				
5. Unit Fiscal		14. Effective Date				
6. Location (address where employee works) City Topeka County Shawnee		15. By	Approved			
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. %		16. Audit Date: By: Date: By:				
8. Regular hours of work: (circle appropriate time) FROM: 8:00 AM PM To: 5:00 AM PM		17. Audit Date: By: Date: By:				Position Number

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
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Heather Byrne	Public Service Admin II	K0225689
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Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
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Heather Byrne	Public Service Admin II	K0225689
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20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Assignments are given verbally and in writing with a general outline of work to be performed. Independent judgment is used to determine work sequences within established procedures, methods and policies. Work is periodically checked for progress, accuracy, and conformance to established policies and requirements.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	Professional attitude: While performing the tasks listed below, please remember that you are a representative of the Department for Children and Families, and you are expected to: <ul style="list-style-type: none"> • Demonstrate a willingness to help. Remember that your customer is anyone needing or asking for your assistance. For example, this could be other agency employees, community partners, landlords, state and community partners and individuals and families seeking services from the agency. • Demonstrate an attitude of respect, (i.e. be attentive to the customer, communicate in a polite and professional tone of voice, meet with the customer or return phone calls or emails within a reasonable period of time - as defined by your supervisor or program policy), process requests for service as quickly as possible; • Encourage individuals to identify and fulfill their own responsibilities; • Practice personal self-discipline and maintain ethical and professional behavior in times of frustration with difficult customers; • Provide information and service to those seeking assistance from this agency. If you are unable to directly provide that service or information, you should offer to connect them with someone who can assist or advise them. Failure to demonstrate a professional attitude will directly reflect on the organization, the quality of service you provide, and will be considered unacceptable for any employee or the East Region DCF.
40%	E	Vendor Payments <ul style="list-style-type: none"> • Processes vendors into the State accounting system to make them eligible for payments. Vendor information is obtained through a Federal W-9 form. • Enters payment data for social program payments and work program payments into the State system ensuring the proper coding of the program, account, funding, purchase order match and payment amount. • Works with agency social workers and outside vendors to obtain all correct paperwork and documentation for payments. • Provides back up coverage for administrative payments.
30%	E	Procurement Card Reconciliation <ul style="list-style-type: none"> • Reconciles all procurement card transactions in the State accounting system for the region, using proper coding of the program, account, funding and contract number (where required). • Works with employees and outside vendors to obtain all correct documentation for transaction and contractual compliance when applicable. • Provides guidance to employees on proper coding of payments. • Assists employees with resolving vendor, documentation and payment issues. • Reconciles monthly control account statement.
10%	E	Inquiries <ul style="list-style-type: none"> • Responds to inquiries from customers and vendors regarding account and/or payment status in a timely and professional manner. • Ensures customer service standards are maintained. • Completes payment research as requested by supervisor.

10%	E	Procurement <ul style="list-style-type: none"> • Receives & processes requests for business cards. Submits order to Central Office for fulfillment. • Downloads the monthly vehicle fuel purchase statement and reconciles receipts • Enters purchase requisitions in the State accounting system, ensuring proper coding of the program, account, funding and contract number, for use in processing payment to the vendor.
10%	E	Other duties as assigned <ul style="list-style-type: none"> • Enters travel and expense reports into the State accounting system ensuring the proper coding of the program, account, funding and payment amount, on an as-needed basis. • Creates encumbrances for fiscal year-end close. • Assists Fiscal Manager, Accountant I and Accounting Specialist with overflow as needed.

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
- () Plans, staffs, evaluates, and directs work of employees of a work unit.
- () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name	Title	Position Number
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23. Which statement best describes the results of error in action or decision of this employee?

- () Minimal property damage, minor injury, minor disruption of the flow of work.
- (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- () Major program failure, major property loss, or serious injury or incapacitation.
- () Loss of life, disruption of operations of a major agency.

Please give examples.

Interrupted workflow will result in unnecessary delay of payments to vendors, clients and employees

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Daily contact with supervisory staff, vendors and providers, the public and other employees to obtain or provide information, solve problems, and build consensus.

25. What hazards, risks or discomforts exist on the job or in the work environment?

Stress, eye/wrist strain, angry customers, traveling, extended periods of sedentary work.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Daily: phone, computer, copier, fax machine, printer, database applications and all general office equipment.

Occasionally: state owned or rented vehicle

PART III - To be completed by the department head or personnel office

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Required: One year of experience in accounting/auditing support work. Education may be substituted for experience as determined relevant by the agency.

Preferred: Experience with the financial auditing process – understanding of auditing principles.

Education or Training - special or professional
None

Licenses, certificates and registrations
Must maintain a valid driver's license.

Special knowledge, skills and abilities
***Ability to establish and maintain effective working relationships.**
***Ability to communicate effectively both verbally and in writing.**
***Ability to proofread and edit for grammar, spelling, syntax and style; compute, verify and compare figures; detect discrepancies in information or records.**

Experience - length in years and kind
Preferred:
• At least one year of experience with PeopleSoft Enterprise or similar accounting software. Two years of Microsoft Office Suite and Microsoft Outlook experience preferred.

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Security clearance must be maintained throughout employment.

Signature of Employee _____ Date _____

Signature of Personnel Official _____ Date _____

Approved:

Signature of Supervisor _____ Date _____

Signature of Agency Head or _____ Date _____
Appointing Authority